



Subdivision Name Change Application

Louisville Metro Planning & Design Services

Case No.: _____ Intake Staff: _____

Date: _____ Fee: **\$ 160**

Once complete, please bring the application and supporting documentation to: Planning and Design Services, located at 444 South 5th Street, Suite 300. For more information, call (502) 574-6230 or visit <http://www.louisvilleky.gov/PlanningDesign>.

Checklist:

- ☐ Letter of explanation
- ☐ One copy of the plan with the only change being the proposed name change
- ☐ \$160 application fee (cash, charge or check made payable to Louisville Metro Codes & Regulations)

Project Information:

Original Subdivision Name: _____

Proposed Subdivision Name: _____

Primary Project Address: _____

Additional Address(es): _____

Primary Parcel ID: _____

Additional Parcel ID(s): _____

Has the property been the subject of a previous development proposal (e.g., rezoning, variance, appeal, conditional use permit, minor plat, etc.)? *This information can be found in the Land Development Report (Related Cases)** ☐ Yes ☐ No

If yes, please list the docket/case numbers:

Docket/Case #: _____ Docket/Case #: _____

Docket/Case #: _____ Docket/Case #: _____

* Detailed instructions to obtain a Land Development Report are available online at:
<http://www.louisvilleky.gov/PlanningDesign/IWantTo/Find+a+Zoning+District.htm>

Contact Information:**Owner:** ☐ *Check if primary contact***Applicant:** ☐ *Check if primary contact*

Name: _____

Name: _____

Company: _____

Company: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Primary Phone: _____

Alternate Phone: _____

Alternate Phone: _____

Email: _____

Email: _____

Owner Signature (required): _____**Attorney:** ☐ *Check if primary contact***Plan prepared by:** ☐ *Check if primary contact*

Name: _____

Name: _____

Company: _____

Company: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Primary Phone: _____

Alternate Phone: _____

Alternate Phone: _____

Email: _____

Email: _____

Certification Statement: A certification statement must be submitted with any application in which the owner(s) of the subject property is (are) a limited liability company, corporation, partnership, association, trustee, etc., or if someone other than the owner(s) of record sign(s) the application.

I, _____, in my capacity as _____, hereby
representative/authorized agent/other

certify that _____ is (are) the owner(s) of the property which
name of LLC / corporation / partnership / association / etc.

is the subject of this application and that I am authorized to sign this application on behalf of the owner(s).

Signature: _____ Date: _____

I understand that knowingly providing false information on this application may result in any action taken hereon being declared null and void. I further understand that pursuant to KRS 523.010, et seq. knowingly making a material false statement, or otherwise providing false information with the intent to mislead a public servant in the performance of his/her duty is punishable as a Class B misdemeanor.